

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000634

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

15

STATE FILE NUMBER

FILED JAN 9 1962

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (if outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b

8 yrs.

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Francis Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Gir.

c. CITY

Cape Girardeau

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1504 N. Henderson

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

William

Middle

Lawson

Last

Palmer

4. DATE OF DEATH

Month

Day

Year

January 3, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-4-1884

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Auto Industry

11. BIRTHPLACE (City and state or country)

Zeta, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Lawson Palmer

13b. MOTHER'S MAIDEN NAME

Sarah Palmer

14. NAME OF HUSBAND OR WIFE

Eather Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

Address

Esther Palmer, Cape Gir., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

metastatic cancer

INTERVAL BETWEEN ONSET AND DEATH

6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Adenocarcinoma of Kidney

28 months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-4-5:7 to 1-3-62 and last saw her alive on 1-3-62
Death occurred at 11:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-5-1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Ford & Sons Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

1-6-62

26. REGISTRAR'S SIGNATURE

Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1962

JAN 24 1962

Bahn

JAN 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. D. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.